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FORM TO BE USED BY A PRISONER FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

BY _____

CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND

DEPUTY

FEB - 1 2016

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

CLERK U.S. DISTRICT COURT
DISTRICT OF MARYLAND

BY _____

DEPUTY

Shateek Amin Bilal

42 USC § 1983
Section 504 of
The Rehabilitative Act
A.D.A.

(Full name, prison identification
number and address of the plaintiff)

Wexford Health Sources Inc.

MARYLAND Dept. of Correction

Baltimore City Detention Center

BALTIMORE COUNTY Dept. of Correction

JOHN Doe #1 JOHN Doe #2
JOHN Doe #3 JOHN Doe #4

(Full name and address of the defendant(s))

Civil Action No. PWB-16-294
(Leave blank on initial filing to be filled in by Court.)

COMPLAINT

I. Previous lawsuits

- A. Have you filed other cases in state or federal court dealing with the same facts as in this case or against the same defendants?

YES NO

- B. If you answered YES, describe that case(s) in the spaces below.

1. Parties to the other case(s):

Plaintiff: _____

Defendant(s): _____

2. Court (if a federal court name the district; if a state court name the city or county): _____
3. Case No.: _____
4. Date filed: _____
5. Name of judge that handled the case: _____
6. Disposition (won, dismissed, still pending, on appeal):

7. Date of disposition: _____

II. Administrative proceedings

- A. If you are a prisoner, did you file a grievance as required by the prison's administrative remedy procedures?

YES NO

1. If you answered YES:

a. What was the result? _____

- b. Did you appeal?

YES NO

2. If you answered NO to either of the questions above, explain why:

III. Statement of claim

(Briefly state the facts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

1. ON OR ABOUT 8/12/14 I WAS DETAINED IN THE BALTIMORE D.O.C. ON LASER ST.
2. UPON ADMISSION I INFORMED THE MEDICAL STAFF THAT I WAS EPILEPTIC.
3. UPON GOING TO THE HOUSING AREA I INFORMED JOHN DOE #1 CORRECTIONAL OFFICER AS WELL AS JOHN DOE / JANE DOE MEDICAL STAFF ABOUT MY NEED FOR MY EPILEPSY MEDICATION TO NO AVAIL. DESPITE NUMEROUS COMPLAINTS TO JOHN DOE MEDICAL & SECURITY STAFF I RECEIVED NO MEDS AND REMAINED ASSIGNED TO A TOP BUNK. I SUFFERED A SEIZURE ON TWO(2) DIFFERENT OCCASIONS IN TWO DIFFERENT HOUSING LOCATIONS. I SUFFERED BACK, HEAD AND NECK INJURIES

IV. Relief as a result

(State briefly what you want the Court to do for you.)

PUNITIVE DAMAGES IN THE AMOUNT OF 100,000 DOLLARS.
COMPENSATORY DAMAGES IN THE AMOUNT OF 100,000 DOLLARS.

SIGNED THIS 25th day of JANUARY, 2016.



(original signature of plaintiff)

2161 BARNES AVE #613
BRONX NEW YORK 10462

(address of plaintiff)